

..... (Doctor's Name, Surname or Name of Hospital/Health Centre) (Address) (City) PHONE:, FAX: EMAIL:

MEDICAL CERTIFICATE FOR VISA

The undersigned Doctor in medicine Dr.

Certifies that he has examined this day			
Date of birth		Place of birth	
Number of travel document		Nationality	
Home Address			

and based on the examination and results of laboratory tests, has found him/her, in accordance with the provisions of Article 6, paragraph 3 and Article 8, paragraph 2, point b of the Law 3386/2005¹ on the "entry, residence and social integration of third-country nationals on Greek territory" free of one of the following illnesses, as mentioned in the Council Directive 64/221/EEC of 25 February 1964² on the "co-ordination of special measures concerning the movement and residence of foreign nationals which are justified on grounds of public policy, public security or public health",

A. Diseases which might endanger public health:

1. Diseases subject to quarantine listed in International Health Regulation No 2 of the World Health Organisation of 25 May 1951;
2. Tuberculosis of the respiratory system in an active state or showing a tendency to develop;
3. Syphilis;
4. Other infectious diseases or contagious parasitic diseases if they are the subject of provisions for the protection of nationals of the host country.

B. Diseases and disabilities which might threaten public policy or public security:

1. Drug addiction;
2. Profound mental disturbance; manifest conditions of psychotic disturbance with agitation, delirium, hallucinations or confusion.

Date of issue	
Doctor's signature and stamp	

¹ Government Gazette-GG A 212/23.08.2005,P. 3329

² Official Journal 056 , 04/04/1964 P. 0850 - 0857

